

# Magdalen House Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 November 2024

**Service provided by:**  
Priority Care Limited

**Service provider number:**  
SP2015012621

**Service no:**  
CS2015342720

## About the service

This service registered with the Care Inspectorate on 11 September 2017. The service is provided to adults and older people with a learning disability living in their own home. The service is available 24 hours a day, seven days a week and is provided by a range of staff including senior support workers and support workers.

There were 16 people living in Magdalen House at the time of this inspection.

Magdalen House aims to: 'support individuals to maintain their core tenancies by providing housing support and care at home services individually targeted to meet the needs of our service users'.

## About the inspection

This was an unannounced inspection which took place between 19 and 25 November 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with three people using the service and several more as we walked around the service. We spoke with three relatives of other people supported by the service, a befriender and a health professional who had regular visits to the service. We also spoke with four staff members and three members of the management team.

In the course of our visit we observed practice and daily life and reviewed many documents including but not limited to:

- Four care plans.
- Home audits.
- Tenants Finances.
- Daily Folder.
- Menu Planning Folder.
- Nutrition/Weight Folder.
- Nightshift Folder.
- Handover Folders.
- Care Plan Audits.
- Staff Meeting Minutes.
- Tenant Meeting Minutes..
- Training Records.
- Medication procedures.
- Service Development/Improvement Plan.

## Key messages

- The service has reviewed and tidied up tenant files which makes them easier to navigate.
- Staff were passionate about providing a high quality of care to those they supported.
- The service had very good working relationships with associated, external, professionals.
- There was clear evidence of on-going up-grading of the premises.
- We found that the recording of nutritional intake needed to improve.
- Safe Staffing legislation was being observed but could be further promoted.
- The service had a schedule in place to ensure care plan reviews were undertaken in legal timescales.
- Those we spoke to were very happy in their home.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

|                                            |              |
|--------------------------------------------|--------------|
| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our staff team?                | 4 - Good     |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

From our observations and talking to staff we found that they clearly understood their role. This included supporting access to healthcare, both from a local GP perspective and also allied health specialists. We heard of many examples where staff recognised changing health needs and shared this information quickly with the right people.

Through their personal plans, people were fully involved in making decisions about their physical and emotional wellbeing. Staff employed creative approaches to promoting and supporting people's choices. We saw this, for example, with communication tools when speech was impaired.

The management team had put a lot of time into the development and organisation of care plans and individual record storage. These were neat and ordered and benefitted from a clear contents page. The majority of files we looked at had been audited and this ensured that the expected documents were present and in the right place. We suggested that as the audit process becomes embedded it should include reassurance that the quality of document content is also to the service's expected standard.

People were enabled to have control of their own health and wellbeing through access to necessary technology and other specialist equipment. We heard of the difficulties that providing an internet signal throughout an old house can bring, but the service had made significant efforts in this area. Future plans included moving to a more efficient provider in the very near future.

We saw from menus and from cooking activities that people were supported to make informed health and lifestyle choices that contributed to positive physical and mental health. For example, people were assisted to contribute to the domestic menu and the associated shopping and preparation.

Medication was well managed and balances we sampled were correct. People had locked cabinets within their rooms, but generally, people were supported with the administration of their medication. We felt, within this service, that people had as much control as possible over their medication and benefitted from a robust medication management system that adhered to good practice guidance.

In the course of our visit we spoke with a community based medical practitioner who was supporting some people with their physiotherapy exercises. We heard that staff were very good at supporting these exercises, following instruction and communication was effective. Where possible, people were supported to access community healthcare and treatment, including prevention and early detection interventions.

We thought that the menus we read were generally healthy. They did not always offer alternatives to meat but we were told that vegetarian options were provided if this was a person's preference.

We saw people enjoy teas and coffees and meals over lunchtime. We saw these were enjoyed in an unhurried, relaxed atmosphere. We sampled several records of nutritional intake in the form of a Malnutritional Universal Screening Tools (MUST) and we found that several were incomplete or completed incorrectly. Some recorded a physical weight rather than a score and some recorded inaccurate scores or no scores at all. This gave us cause for concern and, potentially, put people at risk of harm. We discussed this with the manager and we were reassured that online records submitted to the health portal were completed. She understood that these should also be completed on paper so staff in the service could monitor the nutritional intake of those they supported. To ensure that this process is re-established we are

making this a requirement. (See requirement 1).

This serious issue should not, however, detract from the other good care and support that was being delivered within this service.

## Requirements

1. By 07 February 2025, you must ensure people's health and wellbeing is consistently supported by their care and the provider must ensure all care documentation is in place, updated in response to any health changes and reflective of people's care needs.

In particular you must: ensure MUST assessments are in place and appropriately monitored.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21).

## How good is our staff team?

4 - Good

Staffing arrangements for the service are determined by a process of continuous assessment and this was evidenced by a monthly rota displayed in the office. This included scheduling that took account of the importance of matching staff to people, along with considerations of compatibility and continuity.

Feedback from all individual tenants contributed to how scheduling arrangements were planned. This included how best to deploy staff to support people's preferences for their particular ratio of support and that which would promote their independence.

Staff we spoke to felt there was, generally, enough staff within the service. They appreciated that unplanned absence was difficult to avoid and cover. Overall, the right number of staff with the right skills were working at the right times to support people's outcomes. They have time to provide care and support with compassion and engage in meaningful conversations and interactions with people. This was also evident as we walked around the service.

We found that staff understood their role and responded flexibly to changing situations. This ensured that, as much as possible, care and support was consistent and stable.

It was very clear throughout our visit that tenants and staff benefitted from a warm atmosphere because there were good working relationships. Supervisions and team meetings were held regularly and these were good opportunities to reflect on practice and to discuss their work and how to improve outcomes for people.

Any change within leadership can be unsettling for staff and those they support. This service was still in a transient stage of this change. The manager was aware of this process and was investing her time to make it as smooth as possible

The manager was aware of recent Safe Staffing legislation and the service was implementing many aspects of this by default. For example, they had a 'staff shout out board' in place and the creation of a staff breakout space was well underway. However, staff we spoke to were not aware of this legislation and we felt that its main points should be promoted more clearly throughout the staff team. We offered to send material which may be useful in its implementation. (**See area for improvement 1**).

Overall, we found that the people enjoyed living within Magdalen House and this was largely due to the homely atmosphere, including care and support, that people experienced.

## Areas for improvement

1. To support good outcomes for people, and to support staff wellbeing, the service should, familiarise themselves with, and implement, the recently enacted Health and Care (Staffing)(Scotland) Act 2019.

This should ensure that, in this service, there are the right people, in the right place, with the right skills, at the right time, working to ensure people experience the best health and care outcomes.

The service was sign-posted to Care Inspectorate resource materials.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am in the right place to experience the care and support I need and want'.  
(HSCS 1.20).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

|                                                                        |              |
|------------------------------------------------------------------------|--------------|
| How well do we support people's wellbeing?                             | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |
| How good is our staff team?                                            | 4 - Good     |
| 3.3 Staffing arrangements are right and staff work well together       | 4 - Good     |

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